

## ISSUE SLIP STAPLE AREA (for additional cross references)

18  
54501

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	E.H.		
<b>O.I.P.E. CLASSIFIER</b>		8	5-4-01
<b>FORMALITY REVIEW</b>	MUM	572	05-14-01
<b>RESPONSE FORMALITY REVIEW</b>	1008	110	9-28-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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 54501  
 R E 2  
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 9/21/01